MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/ 583814	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4		3						54						
5		3						55						
6		3						56						
7		3						57						
8		3						58						
9		3						59						
10		3						60						
11		3						61						
12		3						62						
13		3						63						
14		3						64		5				
15		3						65		5				
16		3						66		5				
17		3						67		5				
18		3						68		5				
19		3						69		5				
20		3						70						
21		3						71						
22		3						72						
23		3						73						
24		3						74						
25		3						75						
26		3						76						
27		3						77						
28		3						78						
29		3						79						
30		3						80						
31		3						81						
32		2						82						
33		2						83						
34		2						84						
35								85						
36								86						
37		3						87						
38		3						88						
39		3						89						
40		3						90						
41		3						91						
42		3						92						
43		3						93						
44		3						94						
45		3						95						
46		3						96						
47		3						97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.				3		
TOTAL DEP.								TOTAL DEP.				14		
TOTAL CLAIMS								TOTAL CLAIMS				19		